

**BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: May 16, 2006

Division: Community Services

Bulk Item: Yes X No

Department: Social Services

AGENDA ITEM WORDING: Approval of Modification #1 to Contract Number 06EA-3M-11-54-01-019 between Monroe County and the Florida Department of Community Affairs, regarding Low-Income Home Energy Assistance Program (LIHEAP) funds.

ITEM BACKGROUND: This is a cost reimbursement Agreement. All other provisions of the Contract not in conflict with this Modification remain in full force and effect. This Modification is for an increase of \$70,488 in addition to the \$102,384 current FY 2006-2007 LIHEAP base allocation. Funds provided by the program are available to qualified households for the payment of home heating and/or cooling costs.

PREVIOUS RELEVANT BOCC ACTION: On March 15, 2006, the BOCC granted approval and authorized execution of LIHEAP Contract Number 06EA-3M-11-54-01-019.

CONTRACT/AGREEMENT CHANGES: An increase in funding for the 2006/2007 Low-Income Home Energy Assistance Program (LIHEAP).

STAFF RECOMMENDATIONS: Approval

TOTAL COST: \$172,872

BUDGETED: Yes X No

COST TO COUNTY: N/A

SOURCE OF FUNDS: Grant Funds

REVENUE PRODUCING: Yes N/A No N/A **AMOUNT PER MONTH** N/A **YEAR** N/A

APPROVED BY: County Atty OMB/Purchasing Risk Management

DIVISION DIRECTOR APPROVAL:


(Sheila Barker, Director/Community Services)

DOCUMENTATION: Included X Not Required

DISPOSITION:

AGENDA ITEM #

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY FY 2006-2007 LIHEAP CONTRACT Contract # 06EA-3M-11-54-01-019

Contract with: Department of Community Affairs

Effective Date: March 1, 2006

Expiration Date: March 31, 2007

Contract Purpose/Description: Modification #001 to FY 2006-2007 Low-Income Home Energy Assistance Program (LIHEAP) Contract which provides funds to assist eligible households in meeting the cost of home energy.

Contract Manager: Sheila Barker 4510 Community Services/Stop #1
(Name) (Ext.) (Department/Stop #)

for BOCC meeting on 5/16/06

Agenda Deadline: 5/2/06

CONTRACT COSTS

Total Dollar Value of Contract: \$ 172,872

Current Year Portion: \$ 102,384

Budgeted? Yes X No

Account Codes: 125-6153506 XXXX

Grant: \$ 172,872

County Match: \$ N/A

ADDITIONAL COSTS

Estimated Ongoing Costs: \$ N/A
(Not included in dollar value above)

For: N/A
(e.g. maintenance, utilities, janitorial, salaries, etc.)

CONTRACT REVIEW

| | Date In | Changes Needed Yes No | Reviewer | Date Out |
|-------------------|---------------|--------------------------|----------------------|---------------|
| Division Director | <u>5/2/06</u> | () () | <u>Sheila Barker</u> | <u>5/2/06</u> |
| Risk Management | <u>5/4/06</u> | () () | <u>M. Stamb</u> | <u>5/4/06</u> |
| OMB/Purchasing | <u>5/2/06</u> | () () | <u>TEP</u> | <u>5/2/06</u> |
| County Attorney | <u>5/3/06</u> | () () | <u>S. Hunt</u> | <u>5/3/06</u> |

Comments: _____

MODIFICATION OF AGREEMENT
BETWEEN
FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS
AND

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

This Modification is made and entered into by and between the State of Florida, Department of Community Affairs, ("the Department"), and MONROE COUNTY BOARD OF COUNTY COMMISSIONERS, the ("Recipient") to modify DCA Contract Number 06EA-3M-11-54-01-019, ("the Agreement").

WHEREAS, the Department and the Recipient have entered into the Agreement, pursuant to which the Department has provided a grant to the Recipient under the Low-Income Home Energy Assistance Program (LIHEAP) of \$102,384; and

WHEREAS, the Department and the Recipient desire to modify the Agreement.

WHEREAS, additional funds have become available to increase the amount of the funding granted to the Recipient.

NOW, THEREFORE, in consideration of the mutual promises of the parties contained herein, the parties agree as follows:

1. Paragraph (17)(a) Funding/Consideration is hereby modified to read as follows:

"This is a cost-reimbursement Agreement. The Recipient shall be reimbursed for costs incurred in the satisfactory performance of work hereunder in an amount not to exceed \$172,872 subject to the availability of funds and appropriate budget authority. The Recipient is authorized to incur costs in an amount not to exceed \$64,502 until further notification is received from the Department. As funds and budget authority are available, changes to the costs the Recipient may incur will be accompanied by notice from the Department to the Recipient, in the form of certified mail, return receipt requested, to the Recipient contact person identified in Attachment I, Recipient Information. The terms of the Agreement shall be considered to have been modified to allow the Recipient to incur additional costs upon the Recipient's receipt of the written notice from the Department." This revised contract amount includes:

1. \$102,384 Current FFY 2006-2007 LIHEAP contract allocation
 2. \$70,488 Base Increase Funds
2. Attachment I, Recipient Information, is hereby deleted in its entirety and replaced with Amended Attachment I.

3. Attachment J, Budget Summary and Workplan, is hereby deleted in its entirety and replaced with Amended Attachment J.
4. Attachment K, Budget Detail, is hereby deleted in its entirety and replaced with Amended Attachment K.
5. Attachment L, Multi-County Fund Distribution, is hereby deleted in its entirety and replaced with Amended Attachment L.
6. All provisions of the Agreement being modified and any attachments thereto in conflict with this Modification shall be and are hereby changed to conform with this Modification, effective as of the date of the last execution of this Modification by both parties.
7. All provisions not in conflict with this Modification remain in full force and effect, and are to be performed at the level specified in the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this document as of the dates set out herein.

RECIPIENT

**STATE OF FLORIDA
DEPARTMENT OF COMMUNITY AFFAIRS**

BY: _____

BY: _____

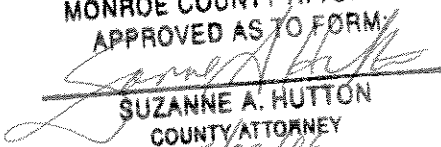
(Type Name and Title)

Kimball Love, Director
Division of Housing and Community
Development

Date: _____

Date: _____

Federal Identification Number

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM

SUZANNE A. HUTTON
COUNTY ATTORNEY
Date 5/03/06

LIHEAP
REVISED ATTACHMENT I -- RECIPIENT INFORMATION

FEDERAL YEAR: 06 CONTRACT PERIOD: Date of Signing to March 31, 2007

I. **RECIPIENT CATEGORY:** ☐ Non-Profit ☒ Local Government ☐ State Agency

II. **COUNTIES TO BE SERVED WITH THESE FUNDS:** Monroe County

III. **GENERAL ADMINISTRATIVE INFORMATION**

- a. Recipient: Monroe County Board of County Commissioners.
b. Executive Director or Chief Administrator: Sheila Barker, Director, Community Services
c. Recipient Address: 1100 Simonton Street
City: Key West, FL Zip Code: 33040
Telephone: (305) 292-4500 Fax: (305) 292-4417
County: Monroe Web Page: www.monroecounty-fl.gov

- d. Mailing Address (if different from above):

_____, FL Zip Code: _____

- e. Chief Elected Official (Local Governments) or President/Chairman (for corporations):
Name: Charles "Sonny" McCoy
Title: Mayor, Monroe County
Home or business address and telephone number other than Recipient's address:
530 Whitehead Street
Key West, FL Zip Code: 33040 Telephone: (305) 292-3430

- f. Official to Receive State Warrant:
Name: Danny Kolhage
Title: Monroe County Clerk of Court
Mailing Address: 500 Whitehead Street
Key West, FL Zip Code: 33040

- g. Recipient Contacts:
(1) Program: Name: Sheila Barker Title: Director, Community Services
Mailing Address: 1100 Simonton Street
Key West, FL Zip Code: 33040
Telephone: (305) 292-4500 Fax: (305) 292-4417
Cell: (305) 304-7114 E-Mail Address: barker-sheila@monroecounty-fl.gov
(2) Fiscal: Name: Danny Kolhage Title: Monroe County Clerk of Court
Mailing Address: 500 Whitehead Street
Key West, FL Zip Code: 33040
Telephone: (305) 292-3560 Fax: (305) 292-3660
Cell: () _____ E-Mail Address: dkolhage@monroe-clerk.com

- h. Person(s) authorized to sign reports: Sheila Barker

IV. **AUDIT**

Recipient Fiscal Year: October 1 to September 30

Audit is due seven months from the end of the recipient's fiscal year: May

**LIHEAP
REVISED ATTACHMENT J
BUDGET SUMMARY AND WORKPLAN**

I. Budget Summary

| BUDGET CATEGORY | B. Last Approved Budget Amount | C. Adjustment to last Budget (Optional) | D. April 2006 Base Increase Funds | E. TOTAL Modified Budget |
|---|--|---|--|-----------------------------------|
| REVENUE AND FUNDING | | | | |
| 1. LIHEAP funds | 102,384 | | 70,488 | 172,872 |
| GRANTEE ADMINISTRATIVE EXPENSE (Cell 2E cannot exceed 8% of Cell 1E) | | | | |
| 2. Salaries including Fringe, Rent, Utilities, Travel and Other. | 8,190 | | | 8,190 |
| GRANTEE OUTREACH EXPENSE (Cell 3E cannot exceed 15% of the difference between Cell 1E and Cell 2E) | | | | |
| 3. Salaries including Fringe, Rent, Utilities, Travel and Other. | | | | |
| DIRECT CLIENT ASSISTANCE | | | | |
| 4. Home Energy Assistance Payments (Cell 4E must be at least 25% of Cell 1E) | 27,000 | | 20,442 | 47,442 |
| 5. Crisis Benefits Payments | 65,094 | | 48,636 | 113,730 |
| 6. Weather Related/Supply Shortage (Cell 6E must be at least 2% of Cell 1E) | 2,100 | | 1,410 | 3,510 |
| 7. DIRECT CLIENT ASSISTANCE SUBTOTAL (Lines 4 + 5 + 6) | 94,194 | | 70,488 | 164,682 |
| LEVERAGING FUNDS ONLY | | | | |
| 8. Home Energy Assistance | | | | |
| 9. Crisis Assistance | | | | |
| 10. LEVERAGING SUBTOTAL (Lines 8 + 9) | | | | |
| 11. GRAND TOTAL (Lines 2 + 3 + 7 + 10) | 94,194 | | 70,488 | 172,872 |

II. WORKPLAN

| Type of Assistance | Estimated # of Households | | Estimated Cost Per Household | Estimated Expenditures (Estimated # of Households X Estimated Cost Per Household) Amounts must agree with Column E above. |
|---------------------------------|---------------------------|---------|---------------------------------------|--|
| | Previous | Amended | | |
| Home Energy | 216 | 316 | \$150 | 47,442 |
| Crisis | 260 | 454 | \$250 | 113,730 |
| Weather Related/Supply Shortage | 8 | 14 | \$250 | 3,510 |
| TOTAL | 484 | 784 | | 164,682 |

REVISED ATTACHMENT K
ADMINISTRATIVE AND OUTREACH EXPENSE BUDGET DETAIL
(BUDGET SUMMARY LINES 2 AND 3)

| Line Item Number | <u>EXPENDITURE DETAIL</u> (Round up line items to dollars. Do not use cents and decimals in totals) | LIHEAP FUNDS |
|------------------------|--|--------------|
| | <u>Administrative Expenses</u> | |
| 2. A. | Travel | 500 |
| 2.B. | Other | 7,690 |
| | 1) Phone/Postage – 400 | |
| | 2) Rental/Copy – 2,290 | |
| | 3) Maintenance Agreement – 2,500 | |
| | 4) Printing & Binding – 500 | |
| | 5) Office Supplies – 1,000 | |
| | 6) Operating Supplies – 1,000 | |
| | | 8,190 |
| | Total Administrative Expenses | |
| | | 0 |
| | Total Outreach Expenses | |
| | <u>Direct Client Assistance</u> | |
| 4. | Home Energy Assistance | 47,442 |
| 5. | Crisis Assistance | 113,730 |
| 6. | Weather Related/Supply | 3,510 |
| | | 164,382 |
| | Total Direct Client Assistance | |
| | | 172,872 |
| | GRAND TOTAL | |

**LIHEAP
REVISED ATTACHMENT L
MULTI-COUNTY FUND DISTRIBUTION**

In the form below, describe upon what basis you plan to equitably allocate LIHEAP resources to each of the counties you serve. This plan must be at least in part based on the 150% poverty population of each county. Provide reasoning and numeric justification for distribution plan.

| COUNTY | ALLOCATION | % OF AGENCY'S DIRECT CLIENT ASSISTANCE DOLLARS ALLOCATED TO THIS COUNTY | BASIS FOR DISTRIBUTION/CALCULATION USED TO DETERMINE ALLOCATION |
|---|------------|--|--|
| N/A for | | % | |
| Monroe County | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| Total Budgeted Direct Client Assistance | \$ | % | |